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CONFIRMATION NO. 7276

SERIAL NUMBER 10/804,436	FILING OR 371(c) DATE 03/19/2004 RULE	CLASS 424	GROUP ART UNIT 1657	ATTORNEY DOCKET NO. 068351.0144	
APPLICANTS Mark B. Lyles, Great Lakes, IL;					
** CONTINUING DATA ***** This appln claims benefit of 60/456,723 03/21/2003					
** FOREIGN APPLICATIONS ***** NONE					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ** 05/31/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY IL	SHEETS DRAWING 1	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
Verified and Acknowledged Examiner's Signature _____ Initials _____					
ADDRESS 31625					
TITLE Keratinocyte-fibrocyte concomitant grafting for wound healing					
FILING FEE RECEIVED 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		